

**Work Order ID 66520**

Friday, February 18, 2011 9:14:25 AM

Page 1

Item ID: D212-664-101

Accept

Setup Start

Revision ID:

Stop

Item Name: Crosstube Fwd

Start Date: 2/18/2011 Start Qty: 1.00

Cust Item ID:

Required Date: 3/4/2011 Req'd Qty: 1.00

Customer:

Reference:

Approvals:

Process Plan:

Date: 11/02/18 Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start

Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

Draw Nbr

Revision Nbr

D212-664-141

Rev D

100

0.00



DOCUMENT CONTROL

DC

Memo

0.00

Document Control

Photocopy bluefile and create labels as per PPP D212-664-101 CHG003

Suloslos

H LarCL 11-03-08

110

0.00



Pick Kit

Packaging

Packaging

Memo

0.00

Packaging

x DP 11-3-2

120

0.00



BENDING MACHINE - CROSSTUBES

CNC Bend 2

Memo

0.00

CNC Alpha 160 Bender

Bend tube as per Dwg D212-664-141 using CNC bender program 212-fw and Folio D212-664-101

DP 11-3-2

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

**Work Order ID 66520**

Friday, February 18, 2011 9:14:25 AM

Page 2

Item ID: D212-664-101

Accept

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Revision ID:

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Item Name: Crosstube Fwd

Start Date: 2/18/2011 Start Qty: 1.00

Cust Item ID:

Required Date: 3/4/2011 Req'd Qty: 1.00

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

QC15- Crosstube Dimensional Check

0.00



QC

Memo

0.00

Quality Control

140

Crosstubes

0.00



Crosstubes

Memo

0.00

Crosstubes

1-Drill pilot holes in tube as per Dwg D212-664-141 using drill Jig DT8548 & DT8549, using drill table DT8577, set-up towers in hole #7 as per QSI 10

2-Ream hole to finish size in tube as per Dwg D212-664-141 using drill Jig DT8548 & DT8549. Check dimensions between holes, both sides on both cuffs, to ensure alignment with saddle holes.

3-Scribe part # and batch # using vibrating stylus as per Dwg D212-664-141

4-Deburr & Inspect for surface damage. Repair damage within limits as per Dwg D212-664-141

DP 11-3-2

W/O:		WORK ORDER CHANGES					
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Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

150 Crosstubes Chemical Conversion 0.00



HandFXTube

Memo

0.00

Hand Finishing Crosstubes

Chemical Conversion Coat within 24 hours of bending and drilling

SAD  
11-03-03

①

160 QC5- Inspect part completeness to step on W/O 0.00



QC

Memo

0.00

Quality Control

M 11 03 03 ①

170 Outsource process - NDT per QSI038 4.1 0.00



Outsource2

Memo

0.00

Outsource process - NDT

Liquid Penetrant Inspection as per QSI 038  
Issue P/O: 13609  
LPI as per ASTM 1417 Level 2  
Attach copy of NDT results to work order

CZ 11/03/04 ①

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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Reference:

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Run Start

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180	Receive & Inspect for Damage & Mat'l Certs	0.00							
	Packaging								
Packaging	Memo	0.00							
Packaging	Ensure copy of NDT results attached to work order.								
190	QC5- Inspect part completeness to step on W/O	0.00							
									
QC	Memo	0.00							
Quality Control	Inspect for damage & ensure results are as per Dwg D212-664-141								

25 11-03-04 x1

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Start Date: 2/18/2011 Start Qty: 1.00



Cust Item ID:

Required Date: 3/4/2011 Req'd Qty: 1.00



Customer:

Reference:

Run Start



Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Stop



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

200

Spray Painting per QSI005 4.2

0.00



SprayPaint

Memo

0.00

SprayPaint

Spray Painting

1-Prime inside and outside crosstube as per QSI 005 4.2  
2-Paint outside crosstube with White Imron as per QSI 005 4.2

PRIME:

Start Time: 9 00

Finish Time: 10 00

PAINT:

Start Time: 2 00

Finish Time: 7 00

11-03-04 (x1)

210

QC14- Inspect Spray Paint

0.00



QC

Memo

0.00

Quality Control

Then, Wrap in plastic bag to protect from scratches

11-03-07 (1)



**Work Order ID 66520**

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Page 6

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Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

220

0.00



Crosstubes

Crosstubes

Memo

0.00

Crosstubes

1- Lightly scuff the bonded area using a 320 grit sand paper and clean the area with 41058 wash 'n' wipe  
2-Install supports with magnobond as per QSI 015 Adhere for for 12 Hrs  
A/R 6398 Magnobond Batch: 116227 exp. 08/2011  
3- Torque bolts as per dwg - 11-03-08

Accept Qty: 11 Reject Qty: 03 Insp. Stamp: 07 ①

230

0.00



QC

Quality Control

QC6- Inspect dimensions to drawing

Memo

0.00

8 110308

Accept Qty: 10 Reject Qty: \_\_\_\_\_ Insp. Stamp: \_\_\_\_\_

240

0.00



Packaging

Packaging

Pick Kit

Memo

0.00

Accept Qty: 14/3/8 Reject Qty: \_\_\_\_\_ Insp. Stamp: ①

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Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

250

QC4- 100% Inspect kits for completeness

0.00



QC

Memo

0.00

Quality Control

Sulos/08

(x)

260

Packaging

0.00



Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D212-664-101

Reve Lee 103

11/3/08 SP

270

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

11/3/08 JF

CL11103108

# Picklist Print

Friday, February 18, 2011 9:14:22 AM

Page 1

Work Order ID: 66520

Parent Item: D212-664-101

Parent Item Name: Crosstube Fwd



Start Date: 2/18/2011

Required Date: 3/4/2011

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:E 04.02.16 Reformat KJ/DS  
IPP Rev:F 06-03-29 Remove Coments on Pick List JLM  
IPP Rev:G 07-04-30 As per Rev C JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D212-664-101TRN 		Manufactured	No			110	Each	2.0000	1				
Crosstube Turning Detail													

Location Loc Qty Loc Code

FG046	1	
64373	1	
LG	1	
63696	1	

D3595-063-450 Manufactured No



RUBBER CUSHION

230 Each 68.3390 4 4.210526



11-03-07

Location Loc Qty Loc Code

LG	51.33897368	
53775	5.97897368	
58161	3.56	
59580	0.12	
61465	4.68	
63960	10	
65656	27	
ST415	17	
64171	16	
64300	1	

B# 65656

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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**NOTE:** Date & initial all entries

# Picklist Print

Friday, February 18, 2011 9:14:22 AM

Work Order ID: 66520

Parent Item: D212-664-101

Parent Item Name: Crosstube Fwd

Start Date: 2/18/2011

Required Date: 3/4/2011

Start Qty: 1.00

Required Qty: 1.00

MS21920-25

Purchased

No

220

Each

115.0000

4

4



Clamp(per MIL-DTL-8783C)



*M* 11-03-07

Location

Loc Qty

Loc Code

LG

91

113281

0

114759

5

114901

3

115278

1

115849

32

116264

50

ST451

24

113281

5

113282

18

113744

1

D2893-1

Manufactured

No

220

Each

19.0000

2

2



2.75 Support



*M* 11-03-07

Location

Loc Qty

Loc Code

LG

19

63367

19

D3428-1

Manufactured

No

240

Each

23.0000

1

1



Placard



*CC*

Location

Loc Qty

Loc Code

ST053

12

66115

12

ST056

11

63978

11

63978

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

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Work Order ID: 66520



Parent Item: D212-664-101



Parent Item Name: Crosstube Fwd

Start Date: 2/18/2011

Required Date: 3/4/2011

Start Qty: 1.00

Required Qty: 1.00

AN6-35A	Purchased	No	240	Each	90.0000	4	4	

BOLT

Location	Loc Qty	Loc Code
ST343	90	
115742	40	
116528	50	

1159742

AN6-36A	Purchased	No	240	Each	68.0000	4	4	

Bolt

Location	Loc Qty	Loc Code
ST343	68	
115698	30	
115835	18	
116400	20	

115F38

MS21042L6	Purchased	No	240	Each	271.0000	6	6	

Nut

Location	Loc Qty	Loc Code
ST300	271	
111578	4	
114495	1	
115300	16	
116102	50	
116373	100	
116548	100	

116102

AN960JD616	Purchased	No	240	Each	0.0000	18	18	

Washer

1115698

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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Item	Qty -141	Qty -141B	Part Number	Description
1	X		D212-664-141	CROSSTUBE ASSEMBLY (205/212/412 HIGH FWD)
2		X	D212-664-141B	CROSSTUBE ASSEMBLY (214 HIGH FWD)
3	1	1	D6005-128	CROSSTUBE
4	2	2	D2893-1	SUPPORT
5	4	4	D3595-063-450	RUBBER CUSHION
6	4	4	MS21920-25	CLAMP (OR MS21920-26)
7	A/R	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)

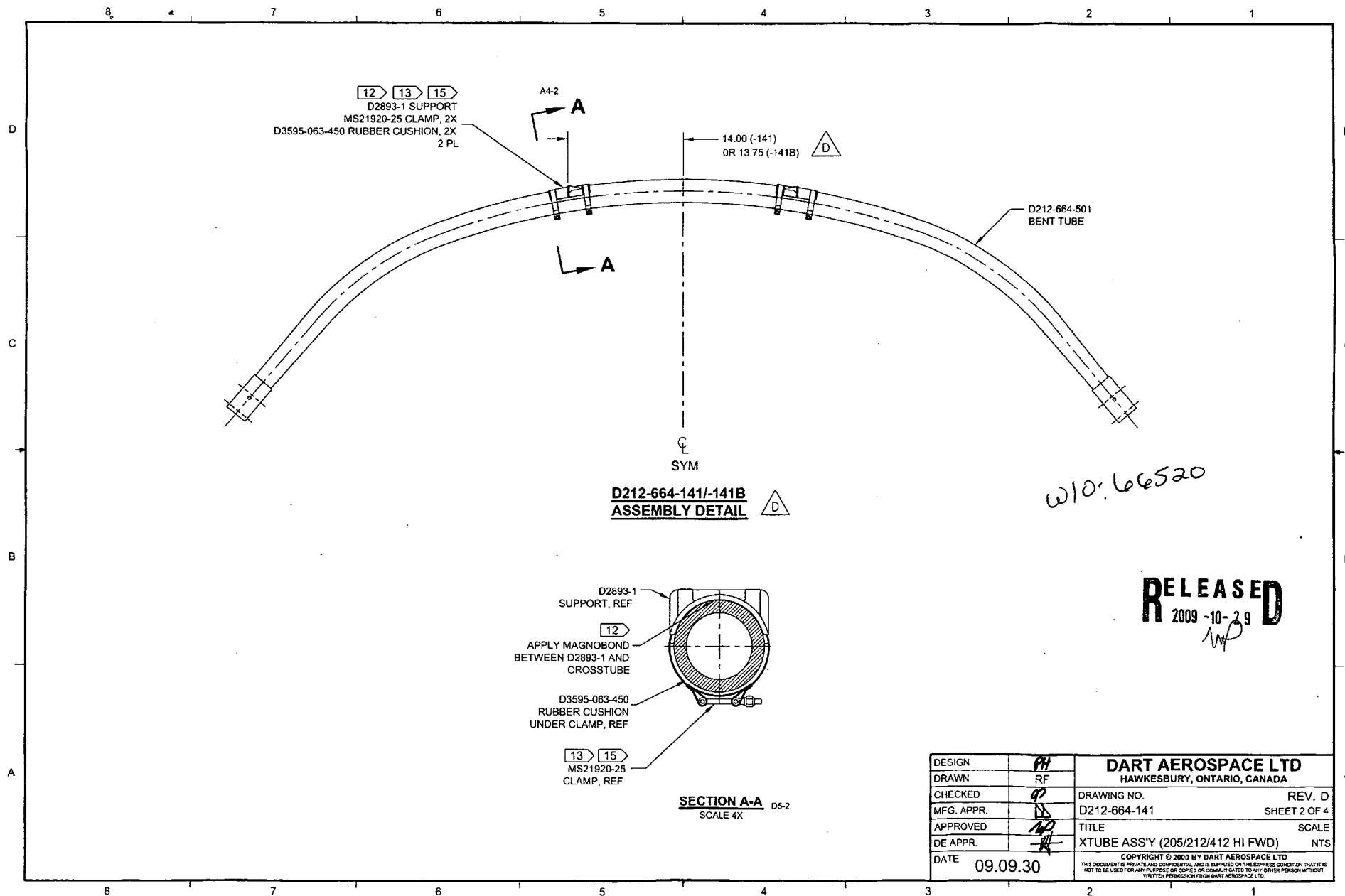
#### GENERAL NOTES:

- 1) MATERIAL: MANUFACTURED FROM D6005-128  
FINISHED LENGTH = 126.514±0.020
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
PAINT OUTSIDE PER DART QSI 005 4.2
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D212-664-XXX" AND BATCH NUMBER ON INSIDE OF CUFF USING VIBRATING STYLUS
- 7) WEIGHT: D212-664-141 = 33.6 lbs (PER IIN-D212-664)  
D212-664-141B = 33.6 lbs (PER IIN-D212-664)
- 8) PART IS SYMMETRIC ABOUT CENTERLINE
- 9) RUN CUTTER OFF PART. BLEND OUT EDGE LONGITUDINALLY, TRANSITION SHOULD BE SMOOTH.
- 10) BEND PROGRESSIVELY WITH A MINIMUM OF 3 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING IS 6% BASED ON O.D.
- 11) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 12) INSTALL D2893-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2893-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 13) INSTALL MS21920-25 CLAMPS (OR -26) WITH D3595-063-450 RUBBER CUSHIONS TO SECURE THE D2893-1 SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE OF CROSSTUBE SUPPORT.
- 14) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

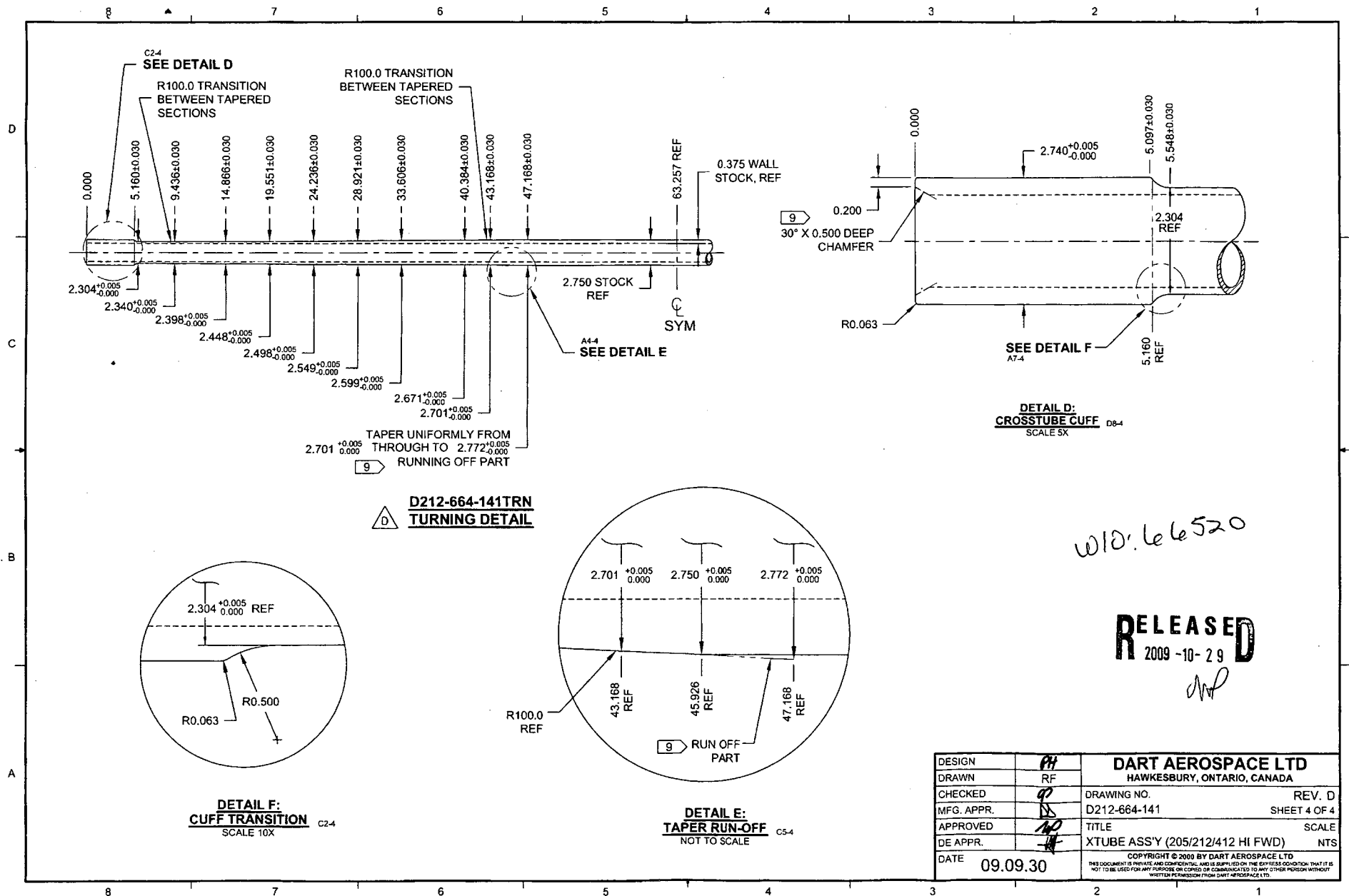
W/D. 66520  
c21102118

**RELEASED**  
2009-10-29

D	REFORMAT/REVISE GENERAL NOTES/PART LIST; REORGANIZED VIEWS AND REFORMATTED DRAWING TO CURRENT STANDARDS; ADD -141B (ZN B4-2, D4-2); REMOVED REF & ADD TOLERANCES (ZN B4-3, C6-3, C8-3 & B6-3); RELOCATED FLAG #6 PER FAR 08-046 (ZN A5-3); MOVED TURNING DETAIL & UPDATED TOLERANCE TO SHEET 4	RF	09.09.30
C	REMOVE -851 ABRASION STRIP; ADD MAGNOBOND 6398, CUSHION, REVERSE CLAMPS	PH	07.03.08
B	ADD HOLES FOR COMPATABILITY WITH BHT/AA SKIDTUBES	PH	05.02.04
A	NEW ISSUE	PH	00.12.12
REV.	DESCRIPTION	BY	DATE
DESIGN	PH	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	PH	DRAWING NO.	REV. D
MFG. APPR.	PH	D212-664-141	SHEET 1 OF 4
APPROVED	PH	TITLE	SCALE
DE APPR.	PH	XTUBE ASS'Y (205/212/412 HI FWD)	NTS
DATE	09.09.30	COPYRIGHT © 2000 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSES OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



DESIGN	PH	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	GP	DRAWING NO.	REV. D
MFG. APPR.	DS	D212-664-141	SHEET 2 OF 4
APPROVED	AD	TITLE	SCALE
DE APPR.	RI	XTUBE ASSY (205/212/412 HI FWD)	NTS
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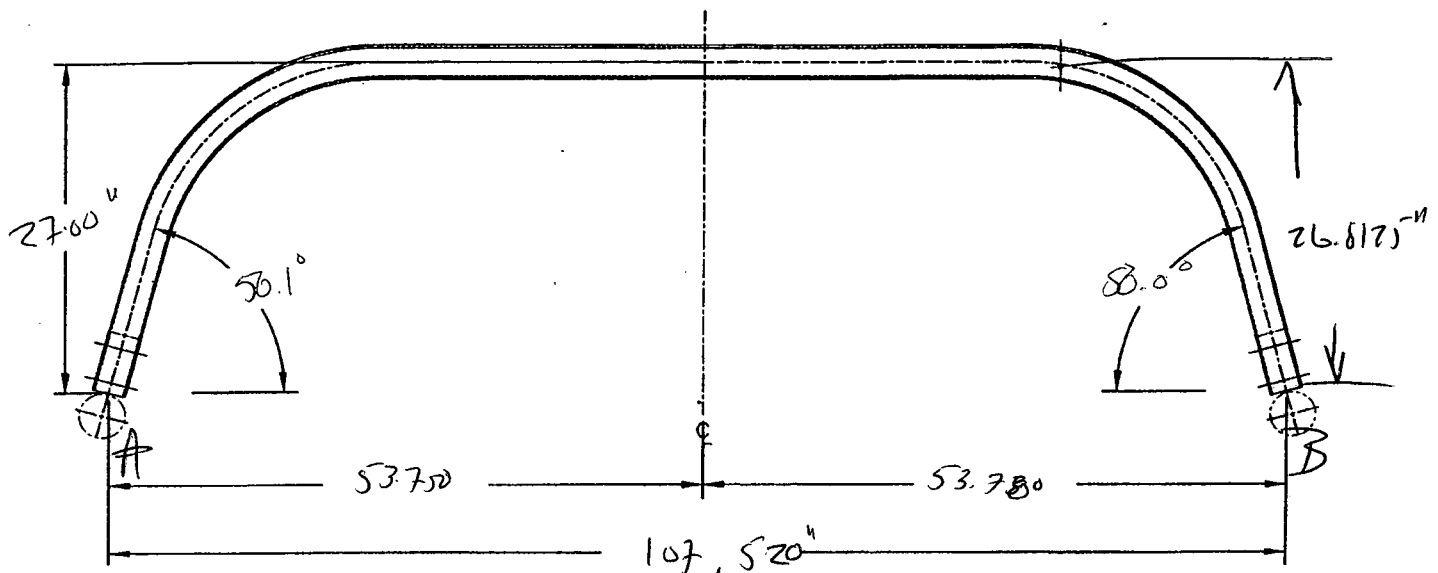
WID: 66520

**RELEASED**  
2009-10-29  
*AP*

DESIGN	PH	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	Q	DRAWING NO.	REV. D
MFG. APPR.	DS	D212-664-141	SHEET 4 OF 4
APPROVED	AP	TITLE	SCALE
DE APPR.	H	XTUBE ASS'Y (205/212/412 HI FWD)	NTS
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<b>DART AEROSPACE LTD</b>	<b>Work Order:</b>	66520
<b>Description:</b> Crosstube High Fwd (205/212/412)	<b>Part Number:</b>	D212-664-101
<b>Inspection Dwg:</b> D212-664-141 <b>Rev:</b> D		<b>Page 1 of 1</b>

Required Dimension	Min	Max
Height	26.79	27.05
1/2 Span	53.59	53.85
Angle	49	52
Total Span	107.18	107.7



Comments

QC15 Inspection	S
Date	11/03/02

Rev	Date	Change	Revised by	Approved
A	07.02.06	New Issue	KJ/JM	
B	07.05.31	Dimensions updated per Dwg Rev C	KJ/JM	
C	10.04.01	Dwg Rev updated	KJ	





## LIQUID PENETRANT TEST REPORT

P- 05497

CLIENT

ATTENTION

ADDRESS

PROJECT

ITEM(S) EXAMINED

DATE

ACUREN JOB NO.

PO/NO.

WORK LOCATION

ACCEPTANCE STD.

PAGE

TIME

AM

PM

DART AEROSPACE  
LINDA LACELLE / CHANTALE / IAN

MAR 10 / 2011

188-11-02107

ABERDEN ST.  
HAWKESBURY, ON

AS ADDRESS

ASTM1417/CSI-038

REV./DATE 2005

WET-FLUORESCENT LIQUID PENETRANT INSPECTION ON S "CRISTUBE"

SEE BELOW

JOB DESCRIPTION

PROCEDURE NO. LT-002

REV./DATE 2008

TECHNIQUE NO. LT-002

REV./DATE 2008

ART NO.

MATERIAL ALUMINUM

THICKNESS

N/A

SCOPE

PERFORMED A WET FLUORESCENT LIQUID PENETRANT INSPECTION ON 100% OF THE EXTERNAL SURFACE

## TEST DETAILS

METHOD	<input checked="" type="checkbox"/> FLUORESCENT	<input type="checkbox"/> VISIBLE	<input checked="" type="checkbox"/> WATER WASH	<input type="checkbox"/> SOLVENT REMOVABLE	<input type="checkbox"/> POST EMULSIFIED
FAMILY BRAND	MAGNAFLUX		BLACK LIGHT S/N 13798	OUTPUT > 1000 $\mu$ W/CM <sup>2</sup>	AMBIENT < 2 fc
PENETRANT	ZL-67	MINIMUM DWELL TIME 10 MIN.	LIGHTING EQUIP.	<input type="checkbox"/> FLASHLIGHT	<input type="checkbox"/> TROUBLELIGHT
REMOVER	H <sub>2</sub> O	MINIMUM DRY TIME > 10 MIN.	OTHER		OUTPUT > 100 fc @ SURFACE
DEVELOPER	SKD-52	MINIMUM DWELL TIME 10 MIN.	LIGHT METER S/N		CAL DUE DATE AUG 15 / 2011
DEVELOPER TYPE	<input checked="" type="checkbox"/> NON AQUEOUS	<input type="checkbox"/> AQUEOUS	<input type="checkbox"/> DRY		

## TEST SURFACE

SURFACE CONDITION	<input type="checkbox"/> AS GROUND	<input type="checkbox"/> AS WELDED	<input type="checkbox"/> MACHINED	<input type="checkbox"/> SHOT BLASTED	<input checked="" type="checkbox"/> CLEAN BARE METAL
SURFACE TEMPERATURE	<input type="checkbox"/> < -4°C/ 20°F	<input type="checkbox"/> -4°C/ 20°F TO 10°C/ 50°F	<input checked="" type="checkbox"/> 10°C/ 50°F TO 52°C/ 125°F	<input type="checkbox"/> > 52°C/ 125°F	

## RESULTS-

☐ METRIC ☒ IMPERIAL

- 1 CRISTUBE W.O. ID 66519 ✓
- 2 CRISTUBE W.O. ID 66520 ✓
- 3 CRISTUBE W.O. ID 66481 ✓
- 4 CRISTUBE W.O. ID 65981 ✓
- 5 CRISTUBE W.O. ID 65982 ✓

- ITEM ID: D212-664-101 (FWD) -1
- ITEM ID: D212-664-101 (FWD) -2
- ITEM ID: D212-664-107 (LOW STD FWD) -3
- ITEM ID: D212-664-101 (FWD) -4
- ITEM ID: D212-664-101 (FWD) -5

NO UNACCEPTABLE INDICATION WAS DETECTED AS PER APPLICABLE STANDARD

BT 11-03-04

## Scope of Services

The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

## Standard of Care

In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

## SIGNATURES

CLIENT REPRESENTATIVE

TECHNICIAN (SIGNATURE):

NAME (PRINT):

CGSB LEVEL \_\_\_\_\_ SNT LEVEL \_\_\_\_\_  
CGSB REG. NO. \_\_\_\_\_CGSB LEVEL \_\_\_\_\_ SNT LEVEL \_\_\_\_\_  
CGSB REG. NO. \_\_\_\_\_

DTR # 244634

REPORT

REVIEWED BY:

NAME

INITIALS